

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Serial No:	10/822,697
	Filed	April 13, 2004
	First Named Inventor	Rowland
	Art Unit	3763
	Examiner Name	M. A. Mendez
	Attorney Docket Number	BSX-201.7-CONT.

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24972

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 24972

OR

☐ Firm or Individual Name James R. Crawford

Address

City

Country State Zip

Telephone 212-318-3148 Fax 212-318-3400

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF Applicant or Assignee of Record

Name	William J. Shaw		
Signature			
	Title:	Assistant Secretary	
Date	October 27, 2008		Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of 1 forms are submitted.

Revocation of Power of Attorney or Authorization of Agent

I hereby certify that this correspondence is being deposited with the U.S. Postal Service by facsimile addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: _____ Signature: _____ (Eileen Sheffield)